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FACSIMILE TRANSMITTAL SHEET

TO:
Examiner James S. McClellan

FROM: ELISABETH LEE
650/474-8400 650/474-8401 (Fax)

COMPANY:
USPTO

DATE 10/9/2003

FAX NUMBER:
703-746-3516

TOTAL NO. OF PAGES INCLUDING COVER:

11

PHONE NUMBER:
RE: 09/531,743

SENDER'S REFERENCE NUMBER:

09/531,743
YOUR REFERENCE NUMBER:
QUAC0006

X URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Hello James,

Please see attached.

Thank you,

Elisabeth

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3475 EDISON WAY, STE. L, MENLO PARK, CA 94025 TEL: (650) 474-8400 FAX: (650) 474-8401

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FACSIMILE TRANSMITTAL SHEET

TO: **Examiner James S. McClellan** FROM: **ELISABETH LEE**
650/474-8400 650/474-8401 (Fax)

COMPANY: **USPTO Art Unit 3627** DATE: **10/9/2003**

FAX NUMBER: **703-746-3516** TOTAL NO. OF PAGES INCLUDING COVER: **3**

PHONE NUMBER: SENDER'S REFERENCE NUMBER:

RE: FAX TRANSMISSION CONFIRMATIONS FOR **09/531, 743** OUR REFERENCE NUMBER:
QUAC0006

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Hello James,

Per your conversation with Chris Peil of our office, please see the attached two fax transmittals confirming the amendment, fee and IDS for the office action of 2/28/03 was faxed on 4/28/03. The RCE was faxed on 4/28/03. These are submitted as proof of response to the office action.

Thank you,

Elisabeth

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

11

Application Number	09/561,743
Filing Date	03/21/2000
First Named Inventor	Carrasco, et al.
Art Unit	3627
Examiner Name	McClellan, James

Attorney Docket Number QUAC0006

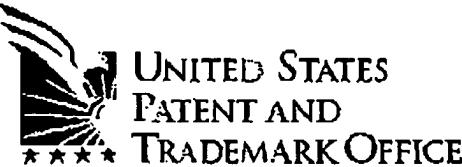
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<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Michael A. Glenn, Reg. No. 30,176
Signature	
Date	4/28/2003

Auto-Reply Facsimile Transmission



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Fax Information

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5/13/03 6:04:16 PM [Eastern Daylight Time]

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